

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

Reset Form

MAY 20 AM 8:48

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Mary Gaskill

Political Party (if applicable)
Democrat

Office Sought
State Representative

District (if Senate or House)
93

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. # 1376
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Charles Kern
SIGNATURE OF PERSON FILING REPORT

641-684-8235
TELEPHONE

5-19-10
DATE SIGNED

I AM FILING A 5/19/10

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐☒ CHECK IF AMENDMENT TO REPORT DATED 5/19/10

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 4,549.12

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,545.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 10,094.12

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,989.17

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,104.95

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 2,247.64

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

IA ETHICS AND

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

2010 MAY 20 AM 8:48

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
01/01/10 to 05/14/10	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	Self	1/4 of computer on line service	\$ 29.59	<input type="checkbox"/>
02/10/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Self	Mail Piece	616.16	<input type="checkbox"/>
02/26/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	None	Mail Piece	587.69	<input type="checkbox"/>
03/15/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	None	Mail Piece	587.69	<input type="checkbox"/>
04/19/10	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	None	Copies	6.00	<input type="checkbox"/>
04/01/2010	AFSCME Iowa Council 61 P.E.O.L.E. 4320 NW 2nd Avenue Des Moines, IA 50313	None	usage of 3 phones for 3 months	420.51	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$
1,827.13
2,247.64

TOTAL (if last
page of this
schedule)

\$
2,247.64
1,827.13

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
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Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
pm illeg
2010 MAY 19 AM 9:53

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
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Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Mary Gaskill

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

93

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE

REPORT

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Comm. # 1376

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Audited ☐

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Carolee Kern
SIGNATURE OF PERSON FILING REPORT

641-684-8235
TELEPHONE

5-17-10
DATE SIGNED

I AM FILING A 05/19/2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

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ADD TOTAL MONEY TAKEN IN THIS PERIOD

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5,545.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 10,094.12

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

8,104.95

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,104.95

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 1,827.13

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/04/10	ID# 9748 CK# 1101	Midwest PAC 1636 NW 114th St Clive, IA 50325	none	\$100.00	<input type="checkbox"/>
01/04/10	ID# 6046 CK# 4602	Justice For All PAC 505 Fifth Avenue, Suite 630 Des Moines, IA 50309	none	100.00	<input type="checkbox"/>
03/13/10	ID# CK#	Jim and Mary Sampson 813 Adeline Rd Otumwa, IA 52501	none	50.00	<input type="checkbox"/>
03/13/10	ID# CK#	Unitemized Contributions	none	25.00	<input type="checkbox"/>
04/23/10	ID# CK#	Unitemized Contributions	none	105.00	<input checked="" type="checkbox"/>
04/23/10	ID# CK# 12365	Steven Siegel 411 N Court St Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
04/23/10	ID# CK# 3232	Rose Ann Kreiman 406 Parkview Dr Bloomfield, IA 52537	none	50.00	<input checked="" type="checkbox"/>
04/24/10	ID# CK# 1405	Cheryl Jones 29743 HWY 63 Bloomfield, IA 52537	none	50.00	<input type="checkbox"/>
04/27/10	ID# CK# 4369	Richard E. Myers 9 Woodland Heights Iowa City, IA 52240	none	200.00	<input type="checkbox"/>
04/28/10	ID# CK# 2842	Beth Austin 2728 N Court St Otumwa, IA 52501	none	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 780.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
04/30/10	ID# CK# 2379	Ann Hutchinson 3035 Quail Ridge Rd Bettendorf, IA 52722	none	\$100.00	<input type="checkbox"/>
05/01/10	ID# CK# 3083	Cloma Gates 414 Bryan Rd Otumwa, IA 52501	none	250.00	<input type="checkbox"/>
05/01/10	ID# 6060 CK# 2630	Iowa Committee on Political Education AFL/CIO 2000 Walker, Suite A Des Moines, IA 50317	none	500.00	<input checked="" type="checkbox"/>
05/06/10	ID# CK#	Yvonne Welshhons 141 Drake Street Swan, IA 50252	none	60.00	<input type="checkbox"/>
05/06/10	ID# CK# 10071	Tim Waller 21303 - 400th Street LaMotte, IA 50254	none	100.00	<input checked="" type="checkbox"/>
05/06/10	ID# CK# 1020	Beverly Yates 21767 Juniper Rd Underwood, IA 51576	none	400.00	<input checked="" type="checkbox"/>
05/07/10	ID# 6067 CK# 5009	Iowa Health PAC 1775 90th Street West Des Moines, IA 50266	none	250.00	<input checked="" type="checkbox"/>
05/06/10	ID# 6113 CK# 004183	AFSCME/IOWA Pulic Employees People Account 4320 N.W, Second Ave Des Moines, IA 50313	none	1500.00	<input checked="" type="checkbox"/>
05/08/10	ID# CK# 2681	Mona Rac Bond 2818 W 1st Street Ankeny, IA 50023	none	100.00	<input checked="" type="checkbox"/>
05/13/10	ID# 6096 CK#	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316	none	500.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 3760.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/30to5/13/10	ID# CK#	Unitemized Contributions	none	\$45.00	<input type="checkbox"/>
¹³ 05/13/10	ID# 6237 CK# 2146	ABATEPAC 3118 Eastern Ave., NE Cedar Rapids, IA 52042	none	200.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# CK# 5677	Barbara Lee Boatwright 2331 East 39th Court Des Moines, IA 50317	none	50.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# CK# 5472	Jeffrey J. Schnell 104 N 5th Street Ct Grimes, IA 50111	none	75.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# 6085 CK# 925	Iowa State Building & Construction Trades Council PAC 110 10th Ave NW	none	300.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# 6058 CK# 4672	Iowa Chiropractic Society PAC 100 East Grand Avenue, Suite 240 Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# 6250 CK# 2489	IOWA CABLE PAC 1211 Vine St Ste 2110 West Des Moines, IA 50265	none	100.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# 6070 CK# 3954	IOWA LAWPAC 625 East Court Avenue Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
¹³ 05/13/10	ID# CK# 5062	John Cacciatore 1700 Casady Drive Des Moines, IA 50315	none	35.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1005.00

TOTAL (if last page of this schedule)

\$ 5,545.00

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Page 3 of 3
(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/31/10	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Service Fees	\$ 5.15
02/28/10	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Service Fees	4.91
03/31/10	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Service Fees	4.21
04/07/10	ID# CK# 1200	Orchid Software 1806 T Street NW Suite 200 Washington, DC 20009	Web Page maintenance	45.00
04/08/10	ID# CK# 1201	Iowa Democratic Party 5661 Fleur Dr Des Moines, IA 50321	VAN usage	1,000.00
04/30/10	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Service Fees	6.60
05/03/10	ID# CK# 1182	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	Brochures/Cards/Envelopes	800.30
05/03/10	ID# CK# 1183	United States Postal Service 616 W 2nd St Ottumwa, IA 52501	Postage	72.00
SUB-TOTAL				\$ 1,938.17
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/13/10	ID# CK#1184	Dos Rios 316 Court Avenue Des Moines, IA 50309	Food for Fund Raiser	\$ 51.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 51.00
TOTAL (if last page of this schedule)				\$ 1,989.17

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
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02/10/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Self	Mail Piece	616.16	<input type="checkbox"/>
02/26/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	None	Mail Piece	587.69	<input type="checkbox"/>
03/15/10	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	None	Mail Piece	587.69	<input type="checkbox"/>
04/19/10	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	None	Copies	6.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,827.13	
TOTAL (If last page of this schedule)				\$ 1,827.13	

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Page 1 of 1
(for Schedule E)